



*State of Nevada*  
The Board of Examiners for Marriage and Family Therapists  
and Clinical Professional Counselors

P.O. Box 370130  
Las Vegas, NV 89137-0130  
(702) 486-7388 Fax: (702) 486-7258

To All Applicants:

EFFECTIVE JULY 1, 2019

The Department of Public Safety has increased the fingerprint submissions to **\$40.25**.

Please note the following required submissions:

- 1) Two (2) **ORIGINAL** fingerprint cards (COPIES ARE NOT ACCEPTED)
- 2) **Certified check or money order for \$40.25** – NO PERSONAL CHECKS ARE ACCEPTED BY THE DPS and are payable to the Department of Public Safety.
- 3) Fingerprint background waiver **MUST BE COMPLETED** – complete areas marked with an \*. This **MUST** be signed and mailed to the Board office in order to process your background check.

**NOTE:** Please make copies of your waiver form for your records.

If you have any questions, please contact the Board office at 702-486-7388.

Thank you for your cooperation.

Sincerely,

The Board Office

## FINGERPRINT BACKGROUND WAIVER

I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s), and/or employee(s) who conducted by criminal history records search, and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile, or similar process, shall be for all purposes be as valid as the original.

In consideration for processing by application I, the undersigned, whose name and signature voluntarily appears below, do hereby and irrevocably agree to the above.

Applicant's Name: \_\_\_\_\_

(PLEASE PRINT – LAST, FIRST, MIDDLE)

Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitting Agency:  
State of Nevada Board of Examiners for Marriage and Family Therapists and Clinical  
Professional Counselors  
PO Box 370130  
Las Vegas, NV 89129

Agency Representative: \_\_\_\_\_

(PLEASE PRINT – LAST, FIRST, MIDDLE)

Agency Representative's Signature: \_\_\_\_\_

Date: \_\_\_\_\_